PH Shop Talk

Volume 3, Issue 3 Jun-Sep 2002

Publications Corner:

- **AFI 48-105:** Reworked and is in final MAJCOM coordination...still to come is final USAF/SG and AFMOA coordination.
- **Merger Policy: Signed and being distributed**
- **4E0X1 CFETP: Signed and being distributed**

NOTE: A Contractor has been hired to help process and track AFIs and policy guidance. This should improve the timelines for release.

Inside this issue:

Merger Update

The merger is moving right along. One of the most difficult parts of this merger is going to be the changing of the manpower (positions and people) to the right AFSC. Each MAJCOM should have established the projected AFSC for each manpower position number currently assigned as a 4F0X1 on each installation. This means that each position SHOULD change to the right AFSC on 1 Nov 02. I would recommend that each base double check this process locally to ensure it progresses smoothly.

On the changing of the people...AFPC has made a few minor changes to our plan. On 1 Nov 02 all 4F0X1 people will become 4E0X1s in the MILPDS system. Local MPF Employments and Classification sections will have to manually change all 4F0X1s that were supposed to become 4N0X1s as of 1 Nov 02. This difference was a result of the AFPC community building the "preset" classification change in the computer system (MILPDS) as a 4E0X1. This change is manageable...it will take close watching to ensure the right people become the right AFSC during the month of Nov 02.

What I would suggest for each base to do is to build a spreadsheet with old and new information that will show you all of the 4F0X1s and what position (numbers) they should be in (including what Facility Account Code or FAC they should be in) along with the AFSC they should become. Make sure the people (4F0X1s) in FAC 5310 and 5310-1 are to become 4N0X1s and the 4F0X1s in FAC 5318 are to become 4E0X1s. Share this list with the senior 4F, 4N, and 4E as well as the merger group members. It might not be a bad idea for your executive leadership to review it or be briefed on this final breakout.

Don't forget about the Squadron Medical Elements (SME) in the line units on base. They will have to change their positions to 4N0X1 (if they have not already changed them) and the 4F0X1s in those positions will have to be changed to 4N0X1s manually after 1 Nov 02...make sure you coordinate this action with the line unit leadership so they know what is going on. If you need help...contact your MAJCOM functionals.

Merger: 1 Nov 02 Right Around Corner

I am sure that tensions and apprehensions are rising somewhat right about now as we approach the magic date...1 Nov 02. We should all hold our breath and cross our fingers and toes that MILPDS will accept and hold all of our inputs made locally around the globe. During this next month or so...leadership at each base will have to pay special attention to people in the newly formed teams (both on the Public Health side as well as the 4N...flight medicine and their new partner...the 4N and nursing leadership within the MTF). This will be a time when new partnerships are made, new agreements negotiated and a whole lot of training taking place...throughout the MTF. The bottom line...leadership must take care of our people during this time of increased tension and anxiety. Everyone should have patience and understanding during this evolutionary time of change... We must all focus on getting through this change without negatively affecting our customers or hurting our people. We have great people...I know we will succeed!

Training Approaches

There are several different approaches leadership can take to training our people in the new missions. Aside from formal training...the On-the-Job Training (OJT) is probably the most important part of this merger. There will have to be some "down" time to conduct training. It is probably easier in the Public Health office to establish this down time to train than it is on the 4N side. It is critical that leadership make this training investment in their people.

One approach is to team up your 4Fs with your 4Es. The idea is to pair them in twos...and to assign them responsibilities from both community health (where the traditional 4E would train the former 4F now new 4E) and Force Health Management (where the 4F would train the traditional 4E). They would stay together and teach each other and perform work at the same time. Great care should be taken to pair up personalities that will get along...there is a risk of clashing personalities resulting in problems. Also, this does not work well if many of your people are "new" or cross trainees or are fresh from apprentice school. Flexibility is the key to success in training.

Another method is to keep folks working in their normal sections and to have weekly office meetings or in-service training time built into the weekly work schedule. This method usually takes more time and energy to manage to ensure all topics are covered adequately and to ensure all personnel have been trained.

Some offices have told me that they have closed down for parts of two or three days to train on the new mission topics (from both sides) to get the basics out to all...and then they would assign specific people to work "over the shoulder" with specific trainers and specified times. This method tends to take a little longer. And requires extensive coordination. Smaller offices might have success with this method while larger offices might select another method.

There are many more methods of attaining highly trained workers. Feel free to choose the methods that work for you. Your MAJCOM might also have some good ideas from other bases that helped them succeed in this critical part of the merger. One thing to keep in mind...this is NOT the time to pencil whip training records...you need to keep accurate documentation in the training records of your people. This will be very important as our people move around to new bases and to new jobs. There are many jobs that will require a specified period of time and documented history of work in a specified area (medical standards or food safety for example). Keeping accurate and timely training documentation is a critical element of any merger.

Don't Forget our other Missions

While we venture down this road of changing and remolding our mission... we must not forget our other very important missions in Public Health. Many times when a new mission comes into play, the previous mission or missions end up taking a back seat or are placed on the back burner (so to speak). With the current world situation, PH cannot afford to let any of it's missions take a back seat or be placed on the back burner.

We still have important missions with food safety and security, occupational health, communicable disease control, epidemiology, medical entomology, deployment surveillance, and medical intelligence. The scope of what PH does has broadened. Even though we will have more people to get the job done...it is still more for our officers and NCOICs to watch over. You might want to check with your MAJCOM to see if they have a management checklist covering all of our missions to ensure your people have completed everything required. Sometimes (depending upon who comes over to 4E from the 4F world), they might have a good management checklist of the duties that are now part of FHM. One thing I have learned from my travels is that these folks are very intelligent and are meticulous workers.

One positive aspect of receiving these great people into our career field with the additional workload is that we still must train them on all of our missions. This will help prevent us from lessening the emphasis of our programs. It might even be a good thing to have a fresh set of eyes to review our programs and to suggest improvements. The same goes for the new mission we are taking on...we will have a new perspective when we review the process...and hopefully we will improve the entire mission and service to our customers. This will take a lot of effort for all of us...that in itself is very stressful.

I realize that our career field is stressed... we have many people deployed and many more busy doing many other functions outside of PH (such as security duty, details, etc). I know that manpower and staffing shortages at some locations create a significant situation for taking on a new mission...but we cannot let that negatively impact our ability to carry out the entire PH mission. If there are extenuating circumstances that prevent you from getting the entire PH mission accomplished (such as 80% of your staff is deployed for 120 days)...then you need to prioritize your workload and then draw a line at the breaking point where you cannot get it all done. There are functions that we MUST get done and then there are jobs that can be done less frequently or the process can be modified to lessen the impact of manpower for a period of time.

If you do modify your workload...you MUST take your proposal to your local leadership (for instance the Aeromedical Council or similar committee that has the appropriate leadership representatives with the ability to make a decision about your proposal to reduce the workload). You should also inform your MAJCOM of these potential problems well in advance (if you can project it). This advance notice might help them project or make decisions that will prevent mission overload at your facility. We need to communicate with our leaders and plan solutions to identified problems.

Deployments and Our New Family Members

There will be around 400 4F personnel coming over into our career field. There might be a tendency to want to place them on a Unit Type Code (UTC) team to fill a shortfall or to give a current 4E a break from an active mobility team (since they may have been deployed several times in the past few years)...however, we need to fight that tendency off.

Prior to placing a new 4E (previous 4F) on a UTC team specifically for performing PH missions... the individual MUST attend the Public Health Skills Bridge Course (B3AZYPHSB 000) as well as the CONOPS Course (B3OZYCONOP-000).

They are not required to complete the Career Development Course although it is highly recommended. It would be unfair to place a member on the UTC before they are properly trained to perform this critical mission.

There might be other UTCs they can be placed on where no formal training classes are required. However, they cannot be placed on UTCs where they will be performing clinical functions such as blood pressures or other EMT type work. This would be outside of their new scope of practice and would require a waiver IAW directives. This would be to preclude any legal action that might result from a negative patient outcome if they were to perform duties outside their scope of practice.

After they receive the required training, it would be appropriate to place them on a PH related team (both disaster team for peacetime and possibly a PAM team for wartime). Leadership must make sure they receive appropriate training (both formal and local OJT) prior to functioning on a PH team.

Training Courses: Force Health Management

There are a few new and revised training courses offered at USAFSAM for which I wanted to provide an explanation along with the course listings so you can manage your training needs locally. There is a complete listing of courses offered at USAFSAM at the following web site: **http://wwwsam.brooks.af.mil/web/files2/fy03_schedule.pdf**

The focus of this article is the new changes as a result of the merger:

Force Health Management Basic (B3AZY4E4F 000) is for ANG and AFRES personnel (any AFSC they need to perform these functions) and is a two week (10 days) course that is actually a part of the PH Apprentice Course. Those currently certified as Hearing Conservationist will start medical standards training on the third day of class. There are 10 unfunded quotas available for each class. Dates are: 17-30 Oct 02; 24 Feb—7 Mar 03; 18 Jun—1 Jul 03; 16—29 Oct 03.

Public Health Skills Bridge Course (B3AZYPHSB 000) is for current 4F0X1 personnel who become 4E0X1 on 1 Nov 02 (5 and 7 skill levels only) and is a three week course. Dates: 4-25 Nov 02; 27 Jan—14 Feb 03; 31 Mar—18 Apr 03; 9-27 Jun 03; 11-29 Aug 03.

Medical Standards Bridge Course (B3AZYMSB 001) is a two week course for current 4E0X1 seven skill level personnel only. Dates: 3-14 Feb 03; 24 Mar—4 Apr 03; 2– 23 May 03; 21 Jul—1 Aug 03.

Hearing Conservation Certification (B3AZY4F0X1 001) is a 3 day course for certification on performing audiograms for 4E0X1 personnel (and other AFSCs in the ANG and AFRES). Dates: 8-10 Oct 02; 7-9 Jan 03; 18-20 Feb 03; 25-27 Mar 03; 7-9 Apr 03; 7-9 May 03; 10-12 Jun 03; 8-10 Jul 03; and 4-6 Aug 03.

NOTE: An Initial Hearing Conservation Class (HCC) has been placed either before or after the MSBC for those individuals who also need initial hearing conservation certification. However, signing up for the MSBC does not automatically get you into the HCC. It has its own course number and must be registered for separately from the MSBC.

Hearing Conservation Recertification (B3AZY4F0X1 002) is a two day course for 4E0X1 personnel and those other AFSCs in the ANG and AFRES to recertify for performing audiograms. Dates: 3-4 Dec 02; 21-22 Jan 03; 11-12 Mar 03; 15-16 Apr 03; 15-16 Jul 03; and 12-13 Aug 03.

Public Health Officer Basic Course (B3OZY43H1 016) had two days added to cover the new mission in Force Health Management from an oversight perspective.

Advanced Force Health Management Workshop (AFHMW B3AZYAFHM-001): A significant change has taken place for the FY 03 schedule. The AFHMW scheduled for **13 – 17 Jan 03** has been **canceled**. However, the Sep 03 class is still on and the number of quotas for that class has been increased to offset the loss of the Jan 03 class. Additionally, the target audience and workshop length have been adjusted to better fit the training need. New Audience: **Active Duty** – 4E051's w/ at least 6 months experience w/ medical standards. **ARC** –Any medical AFSC (4XXXX) (SrA & Above) w/ at least 6 months experience with medical standards. Projected dates for 4-day workshop: 8 – 11 Sep 03. New Quota for Sep 03 class: 100 slots. **AD** – 60 funded slots, **ARC** – 40 unfunded slots.

Hopefully this information will help you manage your training programs at base level.

Helping PCM Teams-One Approach

I mentioned under training approaches a method where you team up a 4F and a 4E to help train each other in both FHM and Community Health areas. This concept can be taken an extra step to help support our Primary Care Management Teams. This paired team can be identified as a consultant to one or more PCM teams. The idea is to help provide consultation and assistance (especially during the transition period while we re-design our processes) to these teams in many areas. This consultation can be for FHM areas such as medical standards, profile management, medical intelligence and deployment processing, occupational health examinations program, and issues related to PIMR. The consultation services can also be for community health areas such as communicable disease control, medical entomology, animal bites, food and water borne disease, and epidemiology. These areas are not all inclusive as there might be other areas where our expertise can be of use to the PCM teams in performing their operations. The purpose of these consultant teams is to provide a single point of contact for each PCM team concerning these PH related issues. We can help them build their programs, train them (such as use and data entry of PIMR) and answer questions and assist them with the management and care of their patient populations. Depending upon your particular situation at your base (manpower, training and experience of your people and unique mission requirements) your service to these PCM teams can be molded to meet the needs of your PCM team as well as your mission requirements. I do not think that any two offices will be exactly alike. Some bases will perform the scheduling of PHAs while others will be performing medical records reviews for all short notice deployments. There are many factors that are influencing the decisions made locally. Just make sure you evaluate the entire situation (PH capabilities, PCM team needs and available resources) to make sure you can complete your overall mission and still provide exceptional customer service to your PCM teams. Again, your MAJCOMs and test base representatives can provide more feedback on what has worked and what might work for you!

USAFSAM Update

PH OFFICER and CONOPS: There have been a few changes to some of the courses at USAFSAM. Curriculum changes in food security, food vulnerability assessments and local source approval processes have been added to the PH Officer and CONOPS course.

APPLIED EPIDEMIOLOGY: Capt Ubiera wants the career field to know Principles of Epidemiology (CDC Distance Learning Course) is a prerequisite to the Applied Epidemiology course. USAFSAM is getting students showing up to Applied Epidemiology without the background needed for the course. We want students to be prepared for success in the course... and without the Principles in Epidemiology course completed, students stand a very good chance of not succeeding in this challenging course.

Hearing Conservation Certification Course: Members can now receive training through our sister services for Initial Certification and Re-Certification. They just need to contact Lt Col Shumate, at DSN 240-2940, after they're trained to get an Air Force Certification number. If you have any questions on this contact SSgt Rice at DSN 240-4064.

New Merger Guidance and 4E0X1 CFETP Available

The 4E/4F/4N Merger Policy letter has been signed by the USAF/SG and is being distributed through the MAJCOMS down to the bases. Contact your MAJCOM 4E/4F/4N functional if you have not received it yet. This document is an important part of the upcoming merger. If you need anything clarified or addressed, please take these requests through your MAJCOM channels up to the Career Field Managers.

The 4E0X1 Career Field Education and Training Plan (CFETP) has also been signed and is being published on the AFPUBS web site. In the meantime, electronic copies have been distributed to all MAJCOMS (Public Health functional managers) for distribution to the field. Please remember that all 4F personnel must have their CFETP transcribed NLT 1 Nov 02 and all other 4E0X1 personnel must have theirs transcribed NLT 1 Feb 03. Forward all related correspondence on the CFETP through the MAJCOM functional managers to the CFM (Chief Strout).

AAFES UPDATE

Food Security
Please continue to make your contribution to food security as a Food Handler, Food Manager, or Installation Public Health/Preventive Medicine/Veterinary Service inspector. Please ensure that products used and sold in AAFES facilities are from approved sources and show no signs of adulteration or tampering on delivery. Do your part to protect and properly handle all food and food service items during storage, preparation, and sale. REPORT anything unusual about the appearance or change in sources of food products to your supervisor.

Pest Management
Check your MOU with the installation and determine who should be providing pest management for your AAFES facilities. If the installation is supposed to support you in this regard, ask them for an Integrated Pest Management Plan. That plan should describe how they intend to conduct surveillance and keep your AAFES facility relatively free of rodents, insects, and any other pests that may be identified in your area. Plans should have diagrams of your facility showing where traps and glue boards used for rodent surveillance, pheromone traps for insect surveillance, and rodent baits around perimeter of grounds are located. The pest management people should provide you a report after each visit showing what baits and traps had activity, which ones had to have bait replaced or the trap reset, and if activity is detected. When activity is detected there should be a plan to prevent a serious infestation from occurring.
Service from a civilian contractor should be documented and provided to you in a similar manner. Training someone in your facility to monitor the contractor or CE/DPW activity is reasonably inexpensive and will help ensure you are getting what you are paying for.
Call Chief Adair or me if your support for pest management is inadequate/ ineffective, we can help you develop an effective program.

Food Handler Training For BX Mart/Market Food Handlers
This training is being coordinated and is essential to ensure that all our associates that handle food are properly trained to help prevent food-borne illness.

Ice Production in Shoppettes
Sanitary Handling of Ice in our shoppettes and food outlets is critical. Ice is added to numerous foods and drinks. Keeping machines clean and free of mildew, properly sanitizing and storing the ice scoop, and providing basic food handler training to the person bagging is essential to prevent food-borne illness.

Affordable Digital Thermometers
These are available and provide a rapid read-out. If you use the baby-dial thermometers make sure you calibrate them at least once each week. Preparing and holding foods at the right temperatures is key to food safety. You must have a working and accurate thermometer at each food location to ensure that products are being properly handled and kept safe. Contact Chief Adair to learn details on ordering digital thermometers.

DoD School: Food Storage, Preparation, and Serving Equipment . Please provide the installation commander with a list of the equipment and maintenance you need in your school facilities. Learn the installation procurement process. Be sure local preventive medicine or public health units provide consistent and frequent medical food safety inspection for your DoD School facilities. They are supposed to provide that service and their reports often give us leverage in obtaining procurement support from the installation commander. Local Army Veterinarians can answer approved food source questions.

Planning and Construction Phases of New Facilities
Include Local Public Health/Preventive Medicine/Veterinary Offices in all stages of your new construction and renovation projects to ensure compliance with current food safety and sanitation requirements.

Remaining Shelf-Life at Delivery
You need to know what each contract requires for shelf life remaining on food products delivered to your AAFES facilities. Ensuring that you have adequate time to sell the freshest product possible will reduce losses and improve customer satisfaction. Don't be the dumping ground for "nearly expired product".

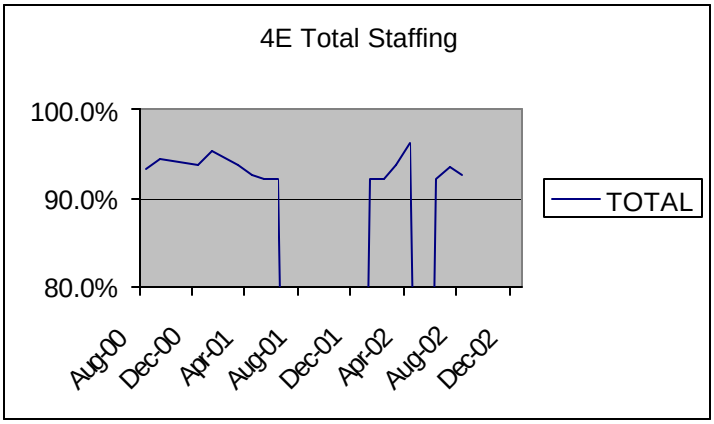
Food Equipment Standards
Food storage, preparation, and serving equipment you purchase and install should meet the applicable US Standards for Construction and Food Safety. Before large equipment purchases are made check with your local public health and/or the AAFES Veterinarian for your region.

Reporting of Unsatisfactory (Unsat) Sanitation Inspections on AAFES facilities
We here at HQ are maintaining a database on all unsatisfactory sanitary inspection reports on AAFES facilities. The database not only covers food facilities but also main stores, BX-Marts, and barber and beauty shops.
The database at the present time shows the lowest unsatisfactory rates in the past few years. I would like to think this is just due to great facilities. As much as I would love to think that, I have to think a part of it could be under reporting. General Managers are required to report all "Unsats" to the AAFES Veterinarian responsible for your area. For activities coming under AAFES HQ-Europe the reports should go to LTC Levins, (Levins@AAFES.com), all others will come to this office. (See Below) AF Public Health, Army Preventive Medicine, and Army Veterinary Service also provide Unsat inspection results to the same offices IAW AAFES directives. Prompt reporting directly from AAFES management shows a proactive approach to finding solutions, and enables us to work with the General Manager/ Food Manager and local public health personnel directly rather than working our way through the region. So please help us help you protect the health of our customers by identifying issues promptly and working with us to find solutions. If you receive an unsatisfactory rating ensure you report this to either LTC Schuckenbrock (Schuckenbrock@AAFES.com) or Chief Adair (Adair@AAFES.com).

USAF Public Health

We are on the web... http://wwwsam.brooks.af.mil/eh/.

A Public Health Family Publication



The above data shows the total staffing percentages for 4E0X1 personnel from Aug 2000 until August 2002. There were a few data points where MILPDS did not provide us useful information therefore those data points were left out (zero). You can see the rise during STOP LOSS and how it has slightly fallen since...but still above 90%. We will continue to collect the data and will adjust it after 1 Nov 02 to reflect the new positions and personnel who join our ranks from the 4F0X1 community.

Final Thoughts– New Partnerships

This merger will create unique opportunities to form effective partnerships with many individuals throughout the medical treatment facility that we have not necessarily formed in the past. Our traditional partnership with the local flight surgeon will grow into a more robust working relationship as we take on the role of being the medical standards experts within the MTF.

Like the occupational health program, the flight surgeon "owns" the medical standards arena as far as the clinical decisions for the standards. They will need our expertise in regards to what the current guidelines state about a particular condition or diagnosis. We must be careful not to second guess or cause problems by calling their clinical judgment into question while we provide them the support they need. At the MAJCOM and AF level we will be working side by side with them to help provide them needed data when they make decisions on what the standards will be (placed into the latest guidance). Therefore, we must be vigilant in learning the standards at the local level so we can "grow" the expertise for these other special unique medical standards positions.

Another partnership that will grow is between PH and the local 4N community. At many locations the 4Ns and the 4Es have never talked. It is time for a friendly mutual partnership to be established. They need us and we need them. The areas we need each other include (but are not limited to) profiles, deployment records reviews, performing physicals and reporting results to us, reporting communicable and food/waterborne diseases, performing patient follow-up for STD/TB/animal bites etc, and to assist with other epidemiological investigations.

They tend to know what is happening within their patient population and we tend to know the specifics of particular programs and the trends within the bigger population (based on epidemiological information). We also train the IDMTs and SMEs on critical PH programs so they can perform these functions while deployed to locations where there are no PH personnel available.

There will be other changes to partnerships throughout the MTF, I could not name them all. I encourage you to work hard to build and maintain solid effective working partnerships with the rest of the medical staff...no matter what squadron they work in or no matter where on base they are located. Again, we have great people...who will form great partnerships!